

Common Carrier Certificate No.

(3) CPCN # _____

TRANSPORTATION SERVICES AUTHORITY OF NEVADA

**ANNUAL REPORT
OF
A MOTOR CARRIER FOR HIRE
Household Goods Mover**

Due to Authority May 16, 2005

(5) FOR THE YEAR ENDING _____

(7) _____
Name of Carrier

(8) dba (if any): _____

(9) Domicile Address: _____
(Street)

NOTE: The numbers in parentheses in the left-hand margin refer to the attached instructions.

SEND (2 COPIES) ANNUAL REPORT TO: State of Nevada
Transportation Services Authority
2290 S. Jones Blvd, Suite 110
Las Vegas, Nevada 89146

BUSINESS IDENTITY INFORMATION

(8,3) _____ CPCN # _____
Name of Carrier Business

(10) 1. Description of service provided: _____

(11) 2. Check type of company organization, and list names, addresses, and percentage of ownership of all Stockholders/Members/Partners/Owners:

- ☐ Sole Proprietorship
☐ Partnership (includes Limited Partnership)
☐ "LLC" Limited Liability Company
☐ "C" Corporation
☐ "S" Corporation

NAME	ADDRESS	% OF OWNERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

(11) 3. If a Corporation, list names of current officers or managers for LLC, with title and address of each:

(11) 4. If a Corporation, list names of Directors and address of each:

(12) 5. Accounting year from _____ to _____

(13) 6. Person who prepared report to whom inquiries should be directed concerning this report:

Name _____ Telephone Number _____

STATEMENT OF OPERATIONS

(8,3) Name of Carrier Business _____ CPCN # _____

(5) For the 12 Months Ended _____

Basis of Accounting MUST BE ACCRUAL

Total Company (Inter/Intra- State & Other Column 1	Nevada Intrastate Certificated Operations Column 2	Percent of Nevada Certificated to Total Column 3
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(15,16,17)

REVENUES

(18)	1. Freight: Household Goods.....	\$ _____	\$ _____	\$ _____ %
	2. Other Revenue (List Separately)	_____	_____	_____ %
	TOTAL REVENUE.....	_____	_____	_____ %

EXPENSES

(19)	3. Officers Salaries	_____	_____	_____ %
	4. Drivers Wages	_____	_____	_____ %
	5. Dispatch Wages.....	_____	_____	_____ %
	6. Management Salaries/Wages.....	_____	_____	_____ %
(20)	7. Other Salaries & Wages(List Separate)	_____	_____	_____ %
(21)	8. Payroll Overhead	_____	_____	_____ %

(22)	9. Gasoline	_____	_____	_____ %
(22)	10. Diesel	_____	_____	_____ %

NV INTRASTATE Certificated Only Gal. ____ Mi. ____ Gal. ____ Mi. ____
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11.	Rent or Lease – Equipment	_____	_____	_____ %
12.	Buildings	_____	_____	_____ %
13.	Maintenance	_____	_____	_____ %
	Depreciation – (Straight Line)			
(23)	14. Rev. Equip.	_____	_____	_____ %
(23)	15. Other Equip.	_____	_____	_____ %
(23)	16. Other Total	_____	_____	_____ %
17.	Advertising (Telephone Directory, Internet, magazines, etc..	_____	_____	_____ %
18.	Credit Card Fees.....	_____	_____	_____ %
19.	Dispatch Expense	_____	_____	_____ %
20.	Referral Fees.....	_____	_____	_____ %

	21.	Professional Fees.....	_____	_____	_____	%
	22.	Insurance:				
		Vehicle	_____	_____	_____	%
		Other	_____	_____	_____	%
(24)	23.	Operating Taxes-Not Fed. Inc. Taxes .	_____	_____	_____	%
	24.	Licenses	_____	_____	_____	%
	25.	Federal Income Taxes	_____	_____	_____	%
(25)	26.	Other Oper. Exp. (Excl. Interest)	_____	_____	_____	%
		(attach separate sheet if greater than \$500)				
	27.	TOTAL OPERATING EXPENSE	_____	_____	_____	%
	28.	Interest Expense	_____	_____	_____	%
	29.	TOTAL EXPENSES	_____	_____	_____	%
(26)	30.	NET INCOME (LOSS)	_____	_____	_____	%

BALANCE SHEET (Total Company)

(8,3) Name of Carrier Business _____ CPCN # _____

(5) As of _____

Basis of Accounting (MUST BE ACCRUAL)

ASSETS

Current Assets:

	1.	Cash.....	\$ _____
	2.	Accounts Receivable.....	_____
	3.	Inventories.....	_____
(27)	4.	Prepaid Exp. & Other Current Assets (List Separate)	_____
	5.	TOTAL CURRENT ASSETS	_____

Equipment Property and Other Assets:

	(28)	6.	Revenue Equipment	\$ _____
	(28)	7.	Less: Accumulated Depreciation	(_____) _____
	(28)	8.	Other Equipment	_____
	(28)	9.	Less: Accumulated Depreciation	(_____) _____
	(28)	10.	Buildings	_____
	(28)	11.	Less: Accumulated Depreciation.....	(_____) _____
	(28)	12.	Leasehold Improvements	(_____) _____
	(28)	13.	Less: Accumulated Depreciation.....	(_____) _____
		14.	TOTAL EQUIPMENT & PROPERTY....	_____
		15.	Land	_____
(29)		16.	Other Assets (At Book Value) (List Separate).....	_____
(35)		17.	TOTAL ASSETS (Line 5 + 14 + 15 + 16)	\$ _____

LIABILITIES and EQUITY / CAPITAL

Current Liabilities:

	(30)	18.	Current Portion of Long-term Debt	\$ _____
	(30)	19.	Current Portion of Notes Payable	_____
		20.	Accounts Payable	_____
		21.	Accrued Expenses	_____
		22.	TOTAL CURRENT LIABILITIES	_____
(31)		23.	Long-Term Debt	_____
(31)		24.	Long-Term Notes Payable.....	_____
(32)		25.	Other Liabilities (List Separately)	_____
		26.	TOTAL LIABILITIES (Line 22 + 23 + 24 + 25)	_____

Equity / Capital:

	(33)	27.	Owner/Partnership Equity (Beginning Balance)	\$ _____
	(33)	28.	Current Net Income (Loss) – Total Company	_____
	(33)	29.	LESS: Drawings	(_____) _____
		30.	TOTAL OWNER/PARTNERSHIP EQUITY (Ending Balance) (Line 27 + 28 - 29).....	\$ _____

OR

	31.	Common and Preferred Stock		_____
	32.	Paid in Capital		_____
	33.	Treasury Stock		(_____)
(34)	34.	Retained Earnings: Beginning Balance	\$	_____
(34)	35.	Net Income (Loss) Total Co....		_____
(34)	36.	Less: Dividends/Distributions		(_____)
	37.	Ending Balance		_____
	38.	TOTAL CAPITAL (Line 31 + 32 - 33 + 37)		_____
(35)	39.	TOTAL LIABILITIES & EQUITY/CAPITAL	\$	_____
		(Line 26 + 30 OR Line 26 + 38)		

STATISTICS

(8, 3) Name of Carrier Business _____

CPCN _____

(5) For the Twelve Months Ended _____

<u>STATISTICAL SCHEDULE</u>		Total Company	Nevada Intrastate
1. Total Annual Number of Shipments Household Goods		1.	
2. Total Annual Mileage Loaded and Deadhead * Should be the same as Lines 9 & 10, Page 3 of 10		2.	*

3. Gross Unladen Weight of Power Units			Number of Units <u>under</u> 10,000 lbs. **	Number of Units <u>over</u> 10,000 lbs. **
** Total should tie to page 8 # of Power Units				

SCHEDULE OF OPERATING LEASES – REVENUE EQUIPMENT

(Capital leases are to be included on Equipment Schedule)

[illegible]

(36)

ACCOUNTING EQUIPMENT SCHEDULE

(8, 3) Name of Carrier Business _____

CPCN _____

(5) For the Twelve Months Ended _____

Includes Tractors, Trailers, Dollies, etc. used by the Carrier for the Total System.

Must show all equipment used during this reporting period – even if fully depreciated or disposed of during year.

(Revenue Equipment Only)

	Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Vehicle I.D. No. (VIN)	Purchase Date	Disposal/ Removed from Service Date	Original Cost	Expected Life	Salvage Value	Amt. to Be Deprec. (Col. 3 Less Col. 5)	Deprec. Exp. This Year	Accum. Deprec. to Date
Less Sales/Disposals:								
Total								

(37)

(38)

(39)

Number of Power Revenue Units *

* Power Units (Trucks and Cars only) should tie to Page 7, Line 3

VEHICLE DETAIL EQUIPMENT SCHEDULE

(8, 3) Name of Carrier Business _____

CPCN _____

(5) For the Twelve Months Ended _____

Please complete; make copies of this form for additional vehicles.

Vehicle I.D. No. (VIN)	Vehicle Year	Vehicle Make	Vehicle Model	Vehicle License Plate Number	Vehicle Type (i.e., Truck, Trailer, etc.)	Date In Service	Annual In Service Mileage
Total Mileage *							

* Total mileage should match Total Company mileage on Page 7, Line 2.

(40)

CERTIFICATE OF OATH

State of _____ }

_____ }

County of _____ }

I, the undersigned, on my oath, do state that the foregoing report has been prepared under my direction from the original books, papers and records of:

(8) (Carrier Business Name)

(3)

(CPCN)

that I have carefully examined same, and declare that same to be a complete and correct statement of the business affairs of:

(8) (Carrier Business Name)

(3)

(CPCN)

in respect to each and every matter and thing herein set forth; and that the accounts and figures contained in the foregoing report embrace all of the financial operations of said respondent during the period for which said report is made, to the best of my knowledge, information and belief.

President, Other Chief Officer or Owner

Subscribed and sworn to before me this

_____ day of _____ 2005.

SEAL

Notary Public